



MONTANA EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC) & CHILD READY MT

MT EMSC CONNECTION NEWSLETTER

JUNE 2017



This issue has information on -Men's Health; the MT Prescription Drug Registry; P.E.C.C; Pediatric Disaster resources; and MORE! TRIVIA- answer & win a 2017 Broselow Tape- First 5 to email answers to Robin [-rsuzor@mt.gov](mailto:rsuzor@mt.gov)

HAPPY
Father's
Day!

MEN'S HEALTH WEEK (SECOND WEEK OF JUNE)



Men's Health Is a Family Issue

To quote Congressman Bill Richardson (Congressional Record, H3905-H3906, May 24, 1994): ***"Recognizing and preventing men's health problems is not just a man's issue. Because of its impact on wives, mothers, daughters, [sons, fathers,] and sisters, men's health is truly a family issue."*** So celebrate Father's day with a health message.

The purpose of Men's Health Month is to heighten the awareness of preventable health problems and encourage early detection and treatment of disease among men and boys. This month gives health care providers, public policy makers, the media, and individuals an opportunity to encourage men and boys to seek regular medical advice and early treatment for disease and injury.



IDEAS ON HOW TO INCREASE THE AWARENESS OF MEN'S HEALTH -- Be creative!

- Plan a "Wear Blue Day" to help spread the knowledge of Men's Health Month.
- **Choose BLUE.** From blue accessories, to head-to-toe blue work attire, to an excuse to go casual.
- Sell [blue prostate cancer pins](#) to wear in support of the fight against prostate cancer.
- Hold an educational event, such as a men's health presentation.
- Put together a contest for the best BLUE attire or host a bake sale to raise additional donations.
- Coordinate with others (wellness centers, hospitals, dentists, chiropractors, churches, libraries, etc.)
- Include health screenings--blood pressure, cholesterol, PSA (prostate specific antigen), and body fat.
- Fitness demonstrations from local gyms, yoga centers, karate centers, etc. can also be a fun addition.
- Healthy cooking demonstrations are always a hit collaborate with a local dietician.
- Collaborate with a local store, restaurant, gym, library, community center, etc. to help share information.
- Hold a town hall meeting on men's health issues.
- Ask local churches and other faith-based organizations to talk about Men's Health Month.
- Distribute health brochures that focus on the health of men and their families.
- Contact mhw@menshealthweek.org for brochures or download them at www.menshealthlibrary.com.
- Take your dad/brother/uncle/grandfather/husband/significant other to a healthcare provider for a checkup.
- Have a Father's Day Walk-for-Health event.
- **Check out the free event planner at www.mhnhealthzone.com**



Fred the Preparedness Dog greets children at a festival in El Dorado, KS.

PEDIATRIC DISASTER RESOURCES:

On a stormy day in Kansas in 2013, Michael McNulty's German Shepard, Fred, jumped into a bathtub to take shelter. The day had seen McNulty's family shelter in the bathtub during area weather warnings, so he knew it was a safe place. McNulty took a picture of Fred that went viral, and ever since, the two have been spreading the message of emergency preparedness throughout the state. Fred and McNulty visit schools, fairs, and other community events to teach kids about preparedness and to encourage them to take the message home.

Fred carries a pack filled with an emergency kit to the visits. "Kids help unpack the kit and see what's inside. As they take out the items, we talk about each one: the flashlight, the maps, the contact numbers, the hand wipes, the first-aid kit, etc. We also talk about making sure family pets are accounted for in [a family's] emergency plan," says McNulty. He goes on to describe how the visit impacts the kids after meeting the Preparedness Dog. After meeting Fred, kids "go to their parents and say, 'there was a dog at school today, and he had all this stuff. Why don't we have stuff?'"

McNulty believes that exposure and curiosity amongst children can "**kick-start**" efforts in the home.



Fred is the official mascot for the Kansas Department of Health and Environment, Preparedness Program. Even if you are not in Kansas, **Fred can help you to inspire others to be more prepared.** Visit the "[Fred the Preparedness Dog website](#)" for lessons and activities **that can get kids excited about preparedness.**

DELIVERING GENDER-INFORMED HEALTH SERVICES IN EMERGENCIES

This fact sheet provides information about how the physical and mental health of girls, women, boys, and men can be affected in a variety of ways in emergencies. Differences are correlated to gender in terms of exposure to and perceptions of risk, preparedness, response, and physical and psychological impact, as well as capacity to recover.

Topics include How to Provide Gender-Responsive Health Services in Emergencies, Addressing Physical and Psychological Trauma of Gender-Based Violence in Emergencies, and Guiding Principles for Providing Support to Survivors. See at: <https://www.phe.gov/Preparedness/planning/abc/Documents/gender-2017.pdf>

EMERGENCY NURSING PEDIATRIC CARE (ENPC) COURSE - free to your facility

The SPROC (State Partnership for the Regionalization of Care) Child Ready MT Grant funds the MT EMSC sponsored Emergency Nursing Pediatric Care Course. The new federal grant year starts June 1, 2017.

Grant funds are available, but now are **more limited** in the next grant years. As the grant progresses, the hospitals that are striving to **reach formal recognition for being a Pediatric Prepared or Pediatric Capable hospital are the priority**; or facilities that have not had an MT EMSC sponsored ENPC course within the last year or more.

If you would like to schedule an ENPC in your area/facility, please call or email Robin at rsuzor@mt.gov or 406-444-0901. Thanks for helping Montana be pediatric ready!

ADDRESSING THE OPIOID EPIDEMIC: RECOMMENDATIONS FROM CDC

This online training series is available and aims to help you apply CDC's recommendations in your clinical setting through interactive patient scenarios, videos, knowledge checks, tips, and resources.

You will gain a better understanding of the recommendations, the risks and benefits of prescription opioids, nonopioid options, patient communication, and risk mitigation. Visit: <https://www.cdc.gov/drugoverdose/training/>

THE MONTANA PRESCRIPTION DRUG REGISTRY (M.P.D.R.)

What is the M.P.D.R.? The Montana Prescription Drug Registry (MPDR) was authorized by the Montana Legislature in 2011 ([§37-7-15 Montana Code Annotated \[MCA\]](#)) and became functional in November 2012 as an **online tool to provide a list of controlled substance prescriptions to health care providers to improve patient care and safety.** **The program may also be used to identify potential misuse, abuse and/or diversion of controlled substances.**

The M.P.D.R.'s online service offers prescribers and pharmacists the ability to search their patient's medical history for controlled substance prescriptions, Schedules II - V. **Health care providers can use the M.P.D.R. to optimize the quality of care they provide to their patients, thereby increasing the level of patient safety when controlled substances are part of their treatment plan.**

Why should prescribers and pharmacists take time out of their busy schedules to use the M.P.D.R.? The M.P.D.R.'s award-winning online service offers a powerful tool for health care providers ([§37-7-15 MCA](#)). By searching the M.P.D.R. database, providers can review their patients' prescription use patterns and confirm their medication history of controlled substances. **Emergency health care providers, for example, may be able to identify controlled substances that might have been ingested by an unresponsive patient.** The information in the M.P.D.R. can assist providers in optimizing patient treatment plans and, potentially, deterring diversion of controlled substances for illegal use. In addition, by searching "My Prescribing History," prescribers can review all prescriptions that were dispensed under their DEA number, enabling them to identify any fraudulent use of their DEA registration.

Where does the M.P.D.R.'s prescription information come from? All **pharmacies** holding an active Montana license, with the exception of Wholesale Drug Distributors, **are required to report to the M.P.D.R.** They must submit detailed information on all controlled substances, Schedule II, III, IV and V drugs, dispensed to Montana residents within 8 days of the date the prescription was dispensed ([§37-7-1503 MCA](#)).

What data is stored in the M.P.D.R.? Pharmacies submit the detailed information they are required by law to collect for all controlled substance prescriptions they dispense. **This includes information that identifies the patient and the prescriber, the pharmacy, the drug name, strength and dosage, refill information, and how the patient paid for their prescription.**

Isn't this information confidential? **Yes**, the M.P.D.R. Database contains protected and confidential information ([§37-7-1505 MCA](#)). Pursuant to [§37-7-1506\(6\) MCA](#), the Montana Board of Pharmacy (Board) is required to maintain administrative rules regarding access to the M.P.D.R. that are consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA); Article II, section 10 of the Montana Constitution; and the privacy provisions of [Title 50, chapter 16 MCA](#).

Who can access the M.P.D.R.'s information? The M.P.D.R. enforces very strict limitations, as defined by law, about who can access the information and what they can do with it ([§37-7-1506 MCA](#)). There are criminal and administrative penalties for inappropriate use of the M.P.D.R. ([§37-7-1513 MCA](#)). The following Montana-licensed health care providers are authorized to access the online MPDR service by registering to view the prescription history of patients who are under their care or who have been referred to them for care: **Physicians, Dentists, Naturopathic Physicians, Optometrists, Pharmacists, Physician Assistants, Podiatrists and APRNs with a Prescriptive Authority endorsement.** Any individual can request a copy of their own prescription history from the MPDR. **Authorized representatives of Medicare, Medicaid, Tribal Health, Indian Health Services and Veterans Affairs** may also access the online MPDR service. Law enforcement officers may subpoena information related to an active investigation. Licensing Board investigators may request information related to an active investigation into alleged prescription abuse or diversion by a licensed health care provider.

Who administers the M.P.D.R.? The Montana Board of Pharmacy is responsible for the operation and maintenance of the MPDR ([§37-7-1502 MCA](#)). The Board of Pharmacy is administratively attached to the Department of Labor and Industry. For more information, visit pharmacy.mt.gov and click on the Drug Registry tab.

What is a controlled substance? By Federal and State statute, prescription drugs are divided into Schedules, or categories, based upon the type of drug being prescribed.

The M.P.D.R. lists Schedules II, III, IV and V drugs, which are typically the most addictive or the most-often abused drugs on the market. Montana's drug schedules can be found in [§50-32 MCA](#) and [ARM 24.174.1412](#).

WHAT IS A PECC?

The Institute of Medicine (I.O.M.) report “*Emergency Care for Children: Growing Pains*” recommends that EMS Agencies and Emergency Departments appoint a **Pediatric Emergency Care Coordinator (P.E.C.C.)** to provide pediatric leadership for the organization. **This person does not need to be solely dedicated to this role and could be personnel already in place with a special interest in children who assumes this role as part of his/her existing duties.** This individual could serve as the P.E.C.C. for one or more individual EMS agencies within the county or region.

Some of the roles that the individual who coordinates pediatric emergency care might oversee at an EMS agency include:

Ensuring that the pediatric perspective is included in the development of EMS protocols.

Ensuring that fellow providers follow pediatric clinical-practice guidelines.

Promoting pediatric continuing-education opportunities.

Overseeing pediatric-process improvement.

Ensuring the availability of pediatric medications, equipment, and supplies.

Promoting agency participation in pediatric-prevention programs.

Liaises with the emergency department pediatric emergency care coordinator.

Promoting family-centered care at the agency.

AND WHY IS IT IMPORTANT?

The presence of an individual who coordinates pediatric emergency care at E.M.S. Agencies may result in ensuring that the agency and its providers are more prepared to care for ill and injured children. The federal Health Resources and Services Administration (H.R.S.A.) have set the following target levels and time lines to achieve each level.

Program Targets:

YEAR	TARGET
2020	30% of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care.
2023	60% of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care.
2026	90% of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care.



Does your E.M.S. Agency have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment?

How often are your providers required to demonstrate skills via a skills station?

How often are your providers required to demonstrate skills via a simulated event?

How often are your providers required to demonstrate skills via a field encounter?

EMERGENCY PEDIATRIC CARE COURSE (EPC)



The NAEMT Hybrid Course is designed to help providers with common pre-hospital emergency pediatric encounters. This program is for prehospital practitioners committed to providing quality care for pediatric patients. Course lectures and interactive sessions address assessment; airway, breathing and circulation; understanding and caring for children; hypoperfusion and shock; cardiac emergencies and congenital cardiac defects, common medical emergencies, trauma, newborn resuscitation, vascular access, care team management, spinal motion restriction, children with special health-care needs, identification of life threats, scene choreography, transport decisions, and child abuse and neglect. The EPC is offered free through funding provided by the **MT EMS for Children/Child Ready MT Program--16 hours of accredited pediatric contact time on course completion.**

Students **must complete** the 8 hours of online training **prior** to the scheduled day of **skills and simulation**. *Access to the online course will be E-mailed to students within three days of course registration. A \$75.00 deposit is required to **reserve** a space in the course—you are **not charged if you attend the in-person skills class.***

If you would like to host an EPC course in your area, email rsuzor@mt.gov for more information.

This is a great opportunity for **FREE PEDIATRIC EDUCATION** (16 hours of accredited pediatric contact time)

SEPTEMBER 8, 2017: LAUREL AREA Scheduling EPC classes for fall dates now. To register go to <http://www.bestpracticemedicine.com/emergency-pediatric-care/>

DRUGGED DRIVING

Drugged Driving on the Rise, Passes Alcohol Alone in Fatal Crashes, Study Says. The number of American drivers killed in car crashes in which **drugs were detected has eclipsed those killed in crashes where only alcohol was found**, according to a new [study](#).

The report by the Governors Highway Safety Association and the Foundation for Advancing Alcohol Responsibility found drugs of all types - illegal and prescription - were **present in 43 percent of fatal crashes in 2015 in which test results were available, compared to around 37 percent who tested positive for alcohol.**

The Governors Association calls for increased training for law enforcement to detect drugged drivers. Unlike a Breathalyzer test to detect drunk driving, police say there is no standard roadside test to detect most drugs. The California Highway Patrol has increased training and by the end of the year expects all its officers to be trained to detect drugs other than alcohol when stopping suspected impaired drivers.

The data in the report has limitations. The foundation only collected what states report, and states vary in how often tests are used and what substances are tested, the report says. Nine states tested 85 percent or more of fatally injured drivers in 2015, while two states tested 15 percent or less. And the data only records the presence of drugs, not the amount of the drug that could be used to compare to an equivalent blood-alcohol level, the report cautioned. **Many impaired drivers are combining substances, which can be especially dangerous**, said Ralph S. Blackman, President and CEO of the Foundation for Advancing Alcohol Responsibility.

<http://www.nbcnews.com/news/us-news/drugged-driving-rise-passes-alcohol-alone-fatal-crashes-study-finds-n751681>

PSYCHOLOGICAL FIRST AID: SUPPORTING PEOPLE FOLLOWING CRISIS EVENTS

This one-page fact sheet provides information about psychological first aid (PFA), which is an approach to help people recover from a crisis event by responding to their basic needs and showing them concern and care in a way that respects their wishes, culture, dignity, and capabilities.

It discusses what PFA involves, who can offer it, who can benefit from it, and how to learn more about it. <https://disasterlit.nlm.nih.gov/record/14743>.



Schedule Cultural Awareness in-person trainings by calling Kassie Runsabove at 406-238-6216 or Kassie.runsabove@sclhs.net

CULTURAL AWARENESS RESOURCE CORNER

70 VICTIMS OF HUMAN TRAFFICKING-IN THE BILLINGS AREA IN PAST 18 MONTHS

Tumbleweed, a non-profit organization in the Billings area, serves at-risk youth and works on the problem of human trafficking through a variety of services and programs, including a drop-in center and a 24-hour crisis line. Tumbleweed was awarded a two-year \$600,000 demonstration grant to develop best practices for aiding human trafficking victims. There are cases of both labor and sex trafficking. Tumbleweed has identified 70 victims of human trafficking in the past 18 months and 90% of those victims are from Billings or the local area.

Children can get into human trafficking for a variety of reasons, including survival and looking for food and shelter in return for forced labor or sex, victims are both girls and boys. *Note: According to federal law, any minor under the age of 18 engaging in commercial sex is a victim of sex trafficking, regardless of the presence of force, fraud, or coercion.*

Montana Attorney General Tim Fox said fighting human trafficking is a Department of Justice (D.O.J.) priority, where the goal is to bring traffickers to justice and help victims recover. Fox stated that while combating human trafficking is a key priority, the D.O.J. had a **hard time getting people to acknowledge that trafficking was occurring in Montana**. Reporting of activity is improving--from 2015 to 2016; the percentage of adult and juvenile victims rescued has increased substantially. Tim Fox credited the rescues to collaborative efforts by law enforcement and **service agencies** and to **greater public awareness**. The 2015 Legislature also passed a law establishing definitions and penalties for human trafficking, protections for victims and awareness programs, and it is now part of basic law enforcement officer training at the Montana Law Enforcement Academy.

Exploiters recruit through a variety of techniques, like targeting children with low self-esteem, courting them with gifts, exploiting or creating drug habits, fostering dependency through isolation and creating distrust of law enforcement and social services. And victims don't view themselves as victims. **The community can help by becoming aware of the signs of trafficking and by taking action...** -- [Read more of the article @](http://billingsgazette.com/news/local/victims-of-human-trafficking-have-been-found-in-area-in/article_5a47acdf-9296-5a0b-b873-d18a3d3890d6.html?utm_medium=social&utm_source=email&utm_campaign=user-share)

http://billingsgazette.com/news/local/victims-of-human-trafficking-have-been-found-in-area-in/article_5a47acdf-9296-5a0b-b873-d18a3d3890d6.html?utm_medium=social&utm_source=email&utm_campaign=user-share

Recognizing the Signs

Below is a list of potential red flags and indicators of human trafficking to help you recognize the signs. If you see any of these red flags, **contact the National Human Trafficking Hotline at 1-888-373-7888**. [Click here](#) to learn more about reporting potential human trafficking situations. The presence of these red flags is an indication that further assessment may be necessary to identify a potential human trafficking situation. **This list is not exhaustive and represents only a selection of possible indicators** and may not be present in all trafficking cases and is not cumulative. Indicators reference conditions a potential victim might exhibit.

- Is not free to leave or come and go as he/she wishes and has inconsistencies in his/her story
- Was recruited through false promises concerning the nature and conditions of his/her work
- High security measures exist in the work and/or living locations (e.g. opaque windows, boarded up windows, bars on windows, barbed wire, security cameras, etc.)
- Is fearful, anxious, depressed, submissive, tense, or nervous/paranoid
- Exhibits unusually fearful or anxious behavior after bringing up law enforcement
- Avoids eye contact
- Lacks medical care and/or is denied medical services by employer
- Appears malnourished or shows signs of repeated exposure to harmful chemicals
- Shows signs of physical and/or sexual abuse, physical restraint, confinement, or torture
- Has few or no personal possessions
- Is not in control of his/her own money, no financial records, or bank account
- Is not in control of his/her own identification documents (ID or passport)
- Is not allowed or able to speak for themselves (a third party may insist on being present and/or translating)

Free recording "[Cybersecurity and Healthcare Facilities](#)" is available from TRACIE.

This webcast covers cybersecurity issues for healthcare preparedness professionals, lessons learned from recent incidents, planning, and steps the federal government is taking to address cybersecurity.

Watch it at <https://www.youtube.com/watch?v=sWTIIQZxAG4>.

KNOW! TO FOCUS ON MENTAL HEALTH

If our pancreas has a chemical imbalance, we seek treatment. If our kidneys are not physiologically working right, we seek treatment. When our most complex organ, the brain, is not physiologically working right or has a chemical imbalance, for some reason we ignore or hide it. Take an opportunity to break the negative stigma that surrounds mental illness and promote the well-being of the whole individual. Mental health conditions are common among teens. In fact, one in five youth ages 13 to 18 have or will develop a serious mental illness.

They are disorders that affect a person's thinking, feeling or mood, impacting their ability to interact with others and function in their daily lives. However, just like many physical conditions, mental health conditions can be treatable and people can and do recover and live happy, full lives. **Mental illness is no one's fault and is rarely the result of one particular thing.** Instead, research suggests that there are multiple linking causes including genetics, environment and lifestyle. According to the National Alliance on Mental Illness (NAMI), extreme stress, traumatic events and substance abuse are among the factors that can make a person more susceptible.

The importance of early detection and intervention is crucial, yet the average delay between the onset of symptoms and intervention is usually between 8 to 10 years - and lack of treatment can be fatal. Suicide is now the second leading cause of death for 15 to 24-year-olds, and the third leading cause of death for 10 to 24-year-olds. More than 90% of young people who die by suicide have a mental health condition.

Adolescents with untreated mental illnesses are also more likely to drop out of school, have chronic physical health conditions in adulthood and have a shortened lifespan. Half of all lifetime cases of mental illness begin by age 14. For some youth, the onset of symptoms can be scary and confusing, and for some parents, it can be unclear whether what they are seeing in their teen is typical adolescent behavior and personality changes or symptoms of a mental health condition. **Every child with mental illness will have different experiences**, even those with the same diagnosis. However, common warning signs include:

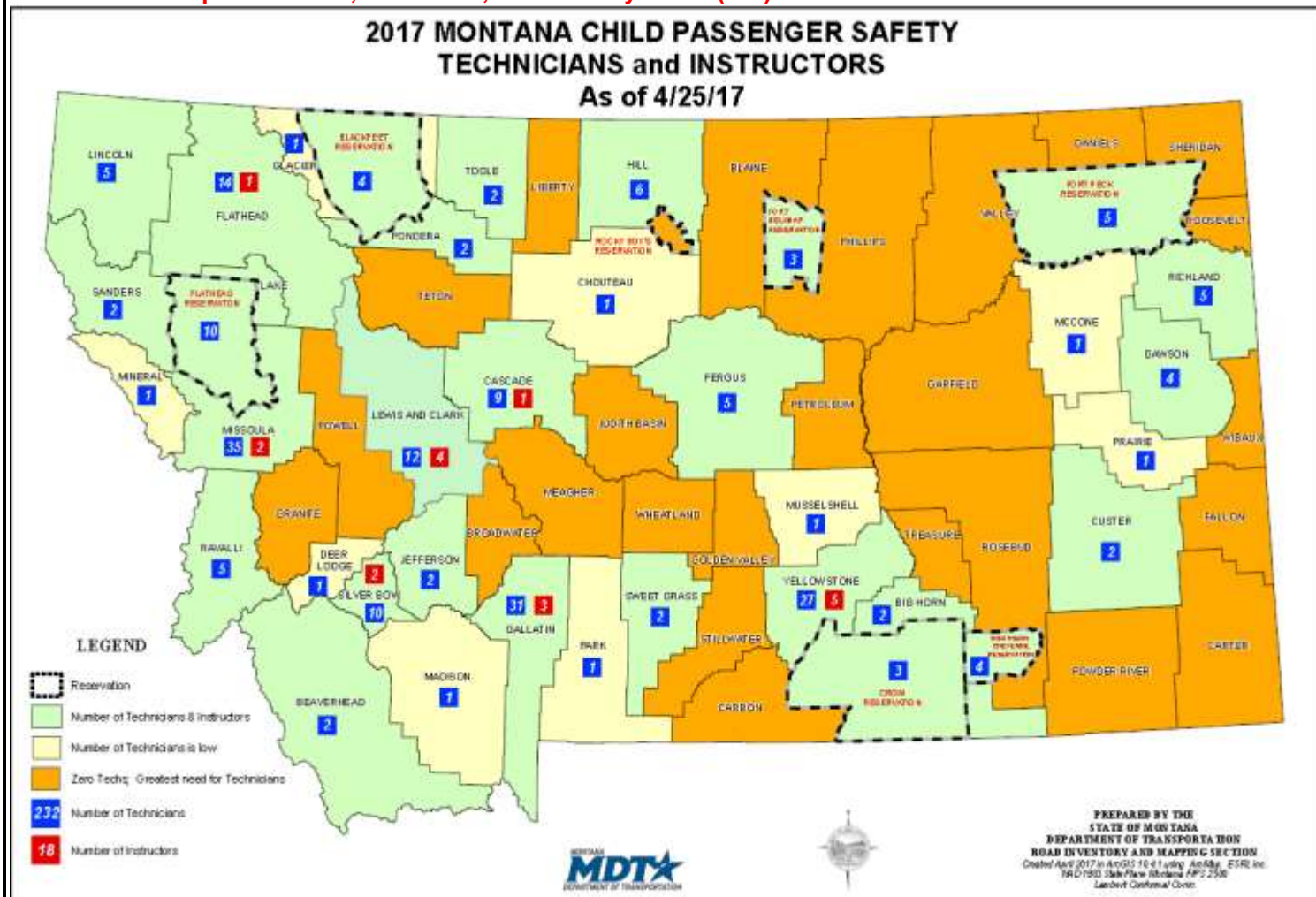
- Feeling sad or withdrawn for more than two weeks (crying, fatigued, unmotivated)
- Trying to harm or kill oneself or making plans to do so
- Out-of-control, risk-taking behaviors that can cause harm to self or others
- Sudden overwhelming fear for no reason (racing heart, physical discomfort, fast breathing)
- Significant weight loss or gain (not eating, throwing up or using laxatives to lose weight)
- Severe mood swings that cause problems in relationships
- Repeated use of drugs or alcohol
- Drastic changes in behavior, personality or sleeping habits
- Extreme difficulty in concentrating or staying still that can lead to problems in school
- Intense worrying that gets in the way of daily activities, including hanging out with friends and going to class

Teens experiencing symptoms of mental illness need to know they are not alone, and that they have many resources available to them as well, including [Ok2Talk.org](#) – **Teens and others can connect with a trained crisis counselor to receive free, 24/7 crisis support via text message – text NAMI to 741-741. For additional information and support, call the NAMI helpline at 800-950-NAMI or visit the National Alliance on Mental Illness at [NAMI.org](#).**

UPDATED MAP OF MONTANA'S CHILD PASSENGER SAFETY TECHNICIANS

Still looking for Child Passenger Safety Technicians? Interested? Contact Pam Buckman at pbuckman@mt.gov for more information. Registration sponsored by the MT EMSC and a possible \$200 dollar stipend from the MT Department of Transportation (MDT.) We have many counties that do not have any technicians!

NEXT CLASS: September TBD, 2017 Butte, MT--- Wendy Olson (406) 751-8106



RESOURCES

American Red Cross Home Fire Campaign

Organization: American Red Cross **Audience:** All ages

Topics: General preparedness, Fire

Website: <http://www.redcross.org/get-help/prepare-for-emergencies/types-of-emergencies/fire/prevent-home-fire#Resources>

Description: This website covers a wide range of fire safety topics, such as how to prevent and prepare for home fires, pet fire safety, fire safety for kids, fire safety equipment, what to do if a fire starts, and many others.

Keeping Your Friends and Family Healthy

Organization: Department of Health and Human Services, Assistant Secretary for Preparedness and Response

Topics: General preparedness

Description: These free, downloadable, and printable materials empower youth to focus on community health resilience in order to strengthen readiness for all residents.

- [Youth Activity Guide](#)
- [Youth Brochure](#)
- [Youth Infographic](#)
- [Youth Activity Sheet](#)

Planning for the Needs of Children in Disasters

Organization: FEMA

Audience: Emergency managers and children's program directors

Topics: General preparedness

Website: <https://training.fema.gov/is/courseoverview.aspx?code=IS-366.a>

Description: These seven lessons and a resources toolkit address how to meet the unique needs that arise among children as a result of a disaster or emergency. The courses span six hours and there are no prerequisites--. 6 C.E.U.s.

ACTIVE SHOOTER PLANNING FOR HEALTHCARE SETTINGS

The International Association of EMS Chiefs (IAEMSC) released the third edition of "[The Active Shooter Planning and Response Guide](#)" (PDF, 2.36 Mb), aimed at assisting healthcare facilities plan for and respond to active shooter incidents within their facilities.

This guide presents actionable information designed to address the unique challenges medical facilities present including a vulnerable patient population, hazardous materials on site, special access areas, and dangerous equipment.

The guide covers a variety of response plans and exercises, and talks about proactive steps facilities can take such as pre-planning areas of refuge and providing video surveillance assistance. Many hospitals can be like mazes with defined, secure areas the public rarely sees. Ensuring law enforcement has access to and maps of these areas are vital; a pre-planning session with local agencies would be even more helpful.

This new edition provides updated and detailed information on what to expect from law enforcement response, "warm zone" operations, unified command, and psychological support. It also covers special areas at medical facilities, such as operating room suites and radiation laboratories, and their specific needs.

See more at: https://www.fbi.gov/.../active_shooter_planning_and_response_in_a_healthcare_settin...

TRIVIA

Answer the trivia and win a 2017 Broselow Tape -to the first 5 to email answers to Robin - rsuzor@mt.gov **NOT** to the listserve. (FYI: Broselow tapes are on back order.)

1. What is the M.P.D.R?
2. What percentage of crashes was associated with drugs in 2015?
3. What is the leading cause of death in 15-24 year olds?
4. What is a P.E.C.C.?



EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM, MT DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEMS, P.O. BOX 202951, HELENA, MT 59620 -
CONTACT INFORMATION: rsuzor@mt.gov or (406) 444-0901

THIS NEWSLETTER IS FOR INFORMATIONAL PURPOSES ONLY